


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # A06000000428 1. Entity Name ANGULO MONCADA FAMILY LIMITED PARTNERSHIP	
---	---

Principal Place of Business 2655 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

04302007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4573876	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-----------------------------	---

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC
 2665 SOUTH BAYSHORE DRIVE, STE 703
 MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000030549	STREET ADDRESS	
NAME	ANGULO MONCADA GP LLC	CITY-ST-ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, STE 703		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Timothy D. Richards 4/30/07 (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

2007 MAY 18 P 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE